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### I. Your Way Home & Just Strategies

Your Way Home is a public-private collaborative that came together to strengthen the local homeless response system and break down barriers between community partners to end homelessness by easing the pathway from the streets into housing. Your Way Home is a public-private partnership that engages nonprofits, government, philanthropy, residents, businesses, and other community partners. The mission of the collaborative effort is to make homelessness in Montgomery County rare, brief, and nonrecurring. Your Way Home is administered by the Montgomery County Department of Housing and Community Development. Since 2014, Your Way Home has exited 3,755 households (6,826 people) out of homelessness through diversion and housing placements; and has directly housed 2,402 households (4,791 people) into rental housing through Your Way Home programs.

The homelessness crisis is a national phenomenon. Locally, rising regional housing costs, job loss from the COVID-19 global pandemic, the rising threat of climate change evidenced by recent housing displacement caused by Hurricane Ida, and a planned shelter closure, have added unanticipated stressors on the homeless response system stimulating a greater demand for services than for which resources are available.

Underscoring a regional rise in homelessness is recognition of racial disparities within the Your Way Home response system. Although homelessness in the region grew by a modest 3% between 2019 (Pre-COVID Pandemic) and 2021 (Pandemic), the number of people of color experiencing homelessness continued to rise. African Americans experiencing homelessness increased 2% from 147 people to 152 and represent 58% of the total homeless population, although they only make up approximately 10% of the total Montgomery County population. At the same time, while small in number, the Hispanic/Latinx population increased 59% from 11 to 24 people; representing 9% of the total homeless population, while only making up 5.4% of the total Montgomery County population. Since 2019, Your Way Home has documented these disparities and committed to addressing them through an anti-racist value-proposition in its application of homeless services<sup>1</sup>.

In June 2021, Your Way Home engaged Just Strategies, LLC, a racial equity capacity building firm to assess its coordinate entry system through a racial equity lens. Just Strategies engaged a wide sampling of stakeholders and presents its findings and initial recommendations in the report below.

<sup>&</sup>lt;sup>1</sup> Racial Equity and Homelessness in Montgomery County, Pennsylvania, Initial Findings, February 2019. https://static1.squarespace.com/static/59e4bd08d7bdce1e8a5b15bb/t/5c77eced6e9a7f75cd22af5e/1551363312965/Your+Way+Home+Racial+Equity+Evaluation+Phase+I+Report.pdf

# II. Engagement Overview & Methodology

#### **GUIDING RESEARCH QUESTIONS**

Just Strategies initiated its community engagement strategy guided by the following questions asked by Your Way Home funders and staff:

What are best and promising practices for equitable access to homeless services, including;

- a. Advancing racial equity, equality, and justice to homeless service access and outcomes, especially for Black and Brown people experiencing homelessness.
- b. Understanding the impact of systemic racism on public systems of care today, especially homeless crisis response systems.
- c. Innovative policies and practices related to each aspect of accessing homeless services, including Call Centers/hotlines, mobile street outreach team, walkin/by appointment access in community-based organizations, and HMIS client/participant record management.
- d. Alternative assessment and prioritization strategies and tools to the VI-SPDAT.
- e. Potential funding strategies and sources to implement changes in access, policy, and practice.

#### **METHODOLOGY**

Just Strategies, LLC engaged over 100 community stakeholders directly involved or in support of Your Way Home efforts, including persons experiencing homelessness. The firm conducted its inquiry through the following data collection methods:

- Document Review of key previous reports shared by Your Way Home Staff
- Facilitation of five Equity Action Team Meetings including taking meeting notes
- Surveyed 144 cross-sector stakeholders in English and Spanish through online and paper surveys
- Hosted four Focus Groups with youth, families, single adults, and homeless service providers
- Conducted five One-On-One Interviews with regional stakeholders

These findings were then synthesized through an Ecological SWOT Analysis to surface repetitive themes, common experiences and/or challenges, and diverse perspectives from the individual, community, and macro system landscape levels. The information gathered from the findings was then used to inform five recommendations found at the end of the report.

### **III. Findings**

The findings from the extensive community engagement and data collection process are arranged in three general clusters to provide a holistic analysis of the current coordinated entry-system and offer insight into recommendations that address issues of racial equity. These include: 1) racial socio-geographical context, 2) assessment of coordinated entry system components, and 3) assessment of system capacity.

The findings are a synthesis of stakeholder interviews, focus groups, survey results, and a review of Your Way Home key documents.

"In the connection activity, I had to wonder how much/little our parents talked to us about race impacted our early experiences with race" Equitable Access Team Member

"As a suburban county, I feel that we do not think enough about the ways that the suburbs were specifically founded on racism" Equitable Access Team

Member



### A. Racial Socio-Geographical Context

In applying a racial equity research approach to the assessment of Your Way Home's Coordinated Entry System (CES), it was important to situate social-geographic landscape and identify macro-racial dynamics that could be impacting racial disparities found within the local homeless system. This section provides a high-level summary of Montgomery County's racial history and identification of specific public policies and practices that may underscore current social and economic racial disparities found today across the county. It also presents a small sampling of everyday experiences separated out by race to highlight ways that racism is present today.

### History of race and racial inequity in Montgomery County

Montgomery County sits on the original lands of the Lenni Lenape Native American Nation. It was incorporated as a county on September 10, 1784. In its early days, the County was the center of the Quaker abolitionist movement led by Lucretia Mott and Hiram Corson, advancing the voice of the anti-slave movement through speaking events held at the Norristown and Plymouth Friends Meeting Halls. The County also hosted several stops along the Underground Railroad, including Pawling Farm where Quaker and abolitionist Elijah Pennypack helped enslaved families cross over from Chester County in pursuit of freedom from the horrors of the institution of slavery. Montgomery County is also home to Camp William Penn, the Commonwealth's only Civil War training camp for African American soldiers.

Despite this rich history of support for Black freedom and liberation in the 19<sup>th</sup> Century, tensions around racial differences intensified during the 20<sup>th</sup> Century laying the foundation for structural inequities found in many sectors today including housing, employment, and access to healthcare. Montgomery County became the epicenter for new public policies and real estate practices used to enforce racial segregation. In 1926 for instance, the Supreme Court ruling in Euclid v Ambler allowed Lower Merion Township to become the first municipality in the country to create a zoning ordinance that limited land ownership opportunities by privileging single-family homes, reducing density, increasing land prices, and pushing minority populations toward the boundary of Delaware County. Other practices included restrictive covenants on property deeds, redlining, block-busting, and unfair appraisals for properties owned by Blacks or those being sought by Black buyers.

The legacy of these practices can be seen in income disparities between Lower Merion Township today and Cheltenham Township, a more historically diverse community in the county. In 2014, Cheltenham Township's Black population was 30% compared to Lower Merion Township whose Black population was less than 10%, the county's median percent of Black people countywide. Consequently, Cheltenham's area median housing price was \$79,969 compared to \$115,657 in Lower Merion Township; and Cheltenham had a higher poverty rate of 8.40% compared to 4.90% in Lower Merion. A study of the data across townships found that communities who had a Black population of 10% or less, tended to have higher household median income and lower poverty rates compared to communities that had Black populations of 10% or higher. More research would have to be conducted to find the causation, however based on past practices an inquiry into access to land ownership and supporting practices may yield significant findings.

### Experiences of racism in Montgomery County in 2021

Just Strategies asked all survey respondents questions about their experiences in everyday activities such as shopping, seeking services, or visiting local parks in Montgomery County to identify any differences by race. It applied The Everyday Discrimination Scale<sup>2</sup> developed by social scientist Dr. David R. Williams, an evidence-based tool to help identify potential racial biases present in the greater Montgomery County social culture.

Respondents were asked, "in your day-to-day life, based on your actual or perceived racial/ethnic identity, how often do any of the following happen to you?" They were able to respond; *Never, Less than Once a Year, A few times a year, A few times a month, At least once a week, Almost everyday.* The responses varied significantly by race and a sampling of survey responses are listed in the matrix below.

The percentages include a combined total of all responses that affirmed answers of experiencing racism more than once a year and were then divided by the total number of respondents broken out by race, i.e., the number of total respondents including all races, the number of total Hispanic/Latinx identifying respondents, and the number of total Black/African American respondents.

<sup>&</sup>lt;sup>2</sup> The Everyday Discrimination Scale - <a href="https://scholar.harvard.edu/davidrwilliams/node/32397">https://scholar.harvard.edu/davidrwilliams/node/32397</a>

Experience	Experience of all respondents (116 total responses)	Experience of Hispanic/Latinx respondents (18 total responses)	Experience of Black/African American respondents (20 total responses)
Treated with less courtesy than other people are	50%	61%	65%
People act as if they think you are not smart	34%	44%	65%
People act as if they are afraid of you.	28%	11%	65%
People act as if they think you are dishonest.	28%	17%	60%
You are called names or insulted.	24%	11%	40%
You are threatened or harassed.	24%	28%	40%

Respondents were also asked "have you experienced racial discrimination or perceived being treated differently than others based on. . ." a number of scenarios. They were able to respond, "yes," "no", or "not applicable." Responses for the total number of all respondents regardless of race, the number of total Hispanic/Latinx identifying respondents, and the number of total Black/African American respondents are listed in the matrix below as percentages based on "yes" responses.

Experience	Experience of all respondents	Experience of Hispanic/Latinx respondents (18 total responses)	Experience of Black/African American respondents  (20 total responses)
Seeking emergency medical services.	26%	33%	60%
Seeking emergency mental health.	21%	22%	45%
Interaction with police.	24%	17%	65%
Looking for a home to rent or own.	32%	22%	70%
Applying for a job.	27%	22%	65%
Using a public space such as park or neighborhood recreation center or library.	25%	22%	65%
Shopping in a store	34%	39%	75%

These responses occurred by people of all ages, genders, length of time living or working in Montgomery County, and housing status. The variation in these findings is significant as they provide insight into how people from different actual/perceived racial/ethnic backgrounds experience a number of everyday occurrences in Montgomery County. How people experience race in the general society may also inform the performance of racial biases and disparate racial outcomes present in the homeless response system.

### Current racial/ethnic demographics of people experiencing homelessness

Among the 261 people experiencing homelessness in Montgomery County in 2021, nearly 60% were Black, although African Americans only make up 9.6% of the total county population according to the 2020 Census.

This disparity in the racial makeup of homelessness cannot be explained by poverty. There are more White residents in Montgomery County at a rate of 65% compared to 19% of Black residents. However, only 40% of people experiencing homelessness are White compared to nearly 60% who are Black. Since there is a greater percentage of people of color experiencing homelessness, but more people who live in poverty are white in our community, poverty is not an accurate predictor of homelessness.

Additional data assessment disaggregated by race is recommended to identify potential racial disparities among program outcomes including comparisons of housing placement, housing retention, and returns to homelessness statistics.

Coordinated Entry Systems (CES) are customized mechanisms designed by local communities with intention to help distribute limited homelessness resources in an equitable way based on a system of prioritization established by the local continuum of care. The Department of Housing and Urban Development (HUD) mandated that communities receiving federal funding adopt a CES format in 2017 to assess local resources in the homeless response system from a client-centered perspective. Prior to the adoption of CES, people experiencing homelessness were placed into shelter and into permanent housing based on a first-come basis, allowing people with lower barriers to navigate complicated application processes and allowing housing providers to "cream" or be selective on who entered their programs. The collective result were many people with higher barriers such as racial minorities, persons living with chronic mental health and substance use disorders, and people less-trusting of government sponsored systems like Veterans, out on the street to create a subpopulation of people experiencing chronic homelessness. Not only is this population costly to leave on the streets through their use of emergency services like police, fire, and hospital emergency departments; but studies began to show they were most likely to die on the streets.

Coordinated Entry Systems are not a panacea to ending homelessness, but more of a decision-making guide to help communities make difficult decisions in how they will prioritize limited resources available to addresses homelessness. To assist with this process, many communities adopted HUD recommended assessment tools including the Vulnerability Assessment Tool (VAT) and the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), the latter becoming the most popular used tool. In theory, these assessment tools were not designed to predict how well someone would do in a particular type of housing (i.e. single apartment, permanent supportive housing, board and care), only what type of housing would they be eligible for based on common requirements set by the major housing finance sources including Veteran statue, professional mental health diagnosis, age, or survivor of domestic violence. The tool also helped identify high barriers that may make meeting housing eligibility difficult such as previous criminal conviction and active substance use.

HUD recommends the following core elements to design a comprehensive coordinated entry system<sup>3</sup>:

- Access
- Assessment
- Prioritization
- Referral

The findings for the assessment of racial biases and potential areas of inequities within the Montgomery County Coordinated Entry System area outlined under these four elements.

<sup>&</sup>lt;sup>3</sup> Coordinated Entry Core Elements, Housing and Urban Development N.A.

#### I. Access

This section presents findings on why people are falling into homelessness and their experience in accessing the local homeless response system.

Root causes of homelessness

#### A. Evictions

Focus group and one-on-one participants all shared stories of falling into homelessness through formal and informal eviction processes. Formal evictions were pursued by a private landlord through the court system for failure to pay rent or other undisclosed reasons. Informal evictions occurred after the death or prolonged illness of a primary lease-holder or dispute with an intimate partner, friend, or family member. A few individuals with special needs shared feelings of exploitation by family and friends who allowed them to "couch-surf" during the first weeks of the month, but then asked them to leave with their public benefits ran out.

While there are eviction prevention resources now available through the County's EPIC program, new federal subsidies related to COVID-19, and legal assistance, none of the community stakeholders engaged shared being offered these programs as a potential resource. It is believed that these stakeholders experienced eviction before these resources were readily available. It should also be noted that there are segments of population that do not qualify for many new eviction prevention resources including seniors on fixed income who simply cannot afford rising rents yet have not experience financial barriers related to COVID-19, and persons unable to show proof of citizenship.

Eviction status was also identified as a barrier in accessing homeless services by focus group and one-on-one interview participants. Although most people knew that eviction was imminent, they expressed frustration in not being able to access homeless services until they were able to prove that they were "literally" homeless. Several shared stories of having to 'prove' that they had expended all other possible resources including staying friends or family members and paying out of pocket for motel rooms with COVID related stimulus funding. The inability to secure shelter or other homeless services before spending a night on the street was particularly stressful for families with young and school aged children. A few parents expressed fears of someone calling child welfare services. At least two parents were advised by friends and allegedly by a 211 operator to temporary place their children with family or friends to make it easier to access shelter as a single-adult, rather than as a family, creating another layer of trauma as it would be easier to access shelter as a single-adult, triggering a trauma response within these parents.

A recent report on housing affordability within Montgomery County stated that "nearly 50% of renters are rent burdened, paying over 30% of their monthly income on housing costs" making the possibility of eviction a real threat for many housing-insecure residents<sup>4</sup>. Similarly, to these findings, this report also found that "vulnerable residents, including low-income families with children, recent immigrants, and people with disabilities, are often on the brink of eviction and face the threat of homelessness." Increasing awareness of eviction resources may be an important investment in mitigating the flow into homelessness.

#### B. Behavioral Health

Barriers to accessing behavioral healthcare services was a secondary driver leading people into homelessness in Montgomery County. This finding was not as overt as eviction, however it emerged in an analysis of general themes emerging out of stories shared by focus groups, one-on-one interviewees, and survey respondents. The pathway into homelessness for persons living with untreated mental illness and/or substance use disorders appears to occur over time and not related to one particular event. It seems as if after trying to seek behavioral health services, including linkages through the criminal justice system, people fall into a spiral that eventually leads to homelessness.

Related to behavioral health issues as a driver into homelessness appears the lack of a coordinated effort between mental health and substance use services and the homeless response system. Instead, the behavioral health system and the homeless response system appear bifurcated. Stakeholders expressed feelings of having to choose which pathway to take – mental health, substance use or homeless services, including being labeled as mentally ill to be diverted from homeless services. One focus group participant expressed, "That's why getting help in Montgomery County or asking for help in Montgomery County was never worth it because then I felt like I was being looked at or shifted over into a category of 'disabled,' 'handicap,' like you're crazy almost."

Stakeholder participants also expressed frustration with the lack of housing options once connected to mental health or substance use services and the revolving door between crisis services and the streets. A few focus group participants expressed frustration with a pathway into housing as they believed that stable housing was key to their mental wellness.

Unhoused persons with active substance use disorders also appear to face a higher barrier in accessing homeless services. It appears that many providers do not have harm reduction practices in place and are unable to meet the needs of the substance use population. Third-party resources such as motels used for interim housing also create a barrier as many have added clauses in their lease agreement with homeless service providers that persons living with active addiction would not be placed onsite.

<sup>&</sup>lt;sup>4</sup> Homes For All – A Plan for Montgomery County, Prepared in partnership with Montgomery County's Planning Commission, Office of Housing and Community Development, and Commerce Department, as well as Capacity for Change, LLC., March 2021

While people experiencing homelessness often make up less than a quarter of consumers of mental health and substance use programs, and while many behavioral health programs do not accept uninsured or underinsured clients, the overlap in populations is significant enough on the overall community quality of life to incentivize representatives from this sector to join the conversation on addressing homelessness.

### C. Accessing homeless services

More than half of stakeholders engaged in this assessment who accessed homeless services stated that they were connected through the 211 Call Center or the Access Street Outreach Team. A few people shared that they bypassed this system and were connected through direct advocacy with homeless service providers after expressing frustrations with 211 or the Outreach Team. Providers also shared via the survey that they do accept referrals from other systems including the courts, hospitals, school districts, and churches/religious organizations. It should be noted that there were a small percent of survey respondents who were currently experiencing homelessness and had not tried to access services at all because they did not know who to call or did not think that they were eligible for services. A small percent said they did not access services due to word-of-mouth reputation of homeless service providers.

#### 211 Call Center

The 211 Call Center (211) is managed by the local United Way and contracted by the Your Way Home fiscal sponsor, the Montgomery County Housing and Community Development Department. While 211 provides information on a wide variety of social services and community resources, the organization appears to respond and evolve well when new resources are made available to enhance its delivery of homelessness intake and referral services. The 211 now has dedicated housing intake staff and ensures that all team members receive updated trainings to support interactions with unhoused persons in crisis including trauma-informed care, cultural competency and de-escalation trainings. Staff interviewed were also excited about new one-time funding to provide eviction prevention services as it provided a resource for persons at imminent-risk of homelessness and respond to a wider range of callers who did not fit the narrower HUD definition of homelessness.

Users of the 211 Call Center were more critical. Focus group participants, mostly from the family focus group, shared stories that highlighted their pain points and areas of frustration centering on logistics, case management expectations, and staff interactions. In the area of logistics, focus group participants shared frustration with the call-wait time (45 minutes to 2 hours) as many were calling from a cell phone and often did not have ready access to charge their phone; with the lack of transportation if they were referred to a motel or shelter placement, especially given the size of the county and if they person had multiple belongings; and the lack of provision of food vouchers or gift cards if placed into a motel.

In the area of case management expectations, focus group participants lacked a clarity in understanding the roles of Call Center staff and their area of responsibility. A few shared stories of being told that 211 staff would call once a shelter resource became available. However, after several weeks upon calling back, they were told that their case was purged because they did not stay in touch with 211 staff, in essence going back to the end of the shelter wait-list. Others wish staff would be more transparent with the availability of resources and approximate wait time instead of being told to 'keep calling back.' There was a level of mistrust brewing whereby stakeholders felt they were given hope for resources that did not exist.

Finally, more than a few persons shared experiences of being re-traumatized by staff interactions. The expression of wanting "to be treated like a human" was repeated as people shared experiences of interaction with 211 Call Center staff. Participants described calling in crisis situations while driving, in the process of literally being evicted, and in other unstable situations. One person described driving across the County line from Philadelphia and was told she could not receive an intake until she was literally within the county boundaries so to call back. The person was from Montgomery County, however during the pandemic was evicted and had found a cheaper motel in Philadelphia than locally but ran out of cash and was trying to make shelter arrangements so that she and her children would not have to sleep in the car that evening. The constituent became upset and was told by staff that she could be denied services due to her attitude – escalating a fearful parent instead of trying to help her figure out a plan for the night.

Perhaps the 211 Call Center staff can create a consumer expectation guide or other information material outlining services, expectations of clients, and mutually agreed upon code of conduct applied to staff and persons seeking services.

#### Access Street Outreach Team.

The Access Street Outreach Team (the Access Team) is actually several street teams managed by Access Services and contracted through the Montgomery County Housing and Community Development Department. The team engages the unsheltered population by attending to spaces frequented by people experiencing homelessness including known hotspots such as along the river edge, hospital emergency departments, meal programs, and downtown streets. The Access Team is well known by local community partners including a local hospital and homeless adjacent service providers such as a community meal program, and by individuals experiencing homelessness. The Access Team received a more favorable response than the 211 Call Center in part due to its rapid response and face-to-face approach, its consistency in building relationships with unhoused persons, and its ability to meet immediate needs such as motel vouchers and provision of meal gift cards and tents. The Access Team also is a resource to connect persons to mental health services provided by its parent company, Access Services.

The Access Team could be strengthened through the hiring of bilingual outreach team staff and increased access to interim housing resources.

#### II. Assessment: The VI-SPDAT

Your Way Home implements the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as its standard assessment tool used to verify eligibility of available housing resources for persons seeking to access homeless resources. Best practices in administering the VI-SPDAT including waiting until at least the 3<sup>rd</sup> visit with a client and after staff have undergone a number of trainings including trauma-informed-care, bias awareness, motivational interviewing and cultural competency.

Just Strategies' assessment focused on the experience of people experiencing homelessness in receiving the VI-SPDAT and the attitude and perception of homeless service provider staff responsible for administering the tool. Below are key findings from both groups shared during focus groups and survey results.

Overall, most stakeholders who experienced homelessness and had accessed homeless services could not recall taking the VI-SPDAT, even after a few sample questions were shared. Of focus group participants who could recall, found the questions intrusive. One person stated that she felt forced to answer the questions or if not, the 211 Operator would not have processed her intake. Among survey respondents who answered questions related to the VI-SPDAT, 75% stated that they received it after 2 to 5 visits with their case manager and the majority only received it only once. 70% of survey respondents stated that they understood why they had to take the VI-SPDAT and another 67% felt that their case manager better understood their homelessness and needs after answering the questions. Connection to a rapid-rehousing resource was listed as the greatest outcome of taking the VI-SPDAT, followed by referral to emergency shelter.

When asked what questions they wished the VI-SPDAT asked, survey respondents who experienced homeless answered:

- Are you getting the help you need?
- What took so long? (perhaps in seeking or receiving services)
- Clarity around what services Your Way Home had to offer
- Mental health services
- If I was on drugs
- If I could live by myself
- If I was ever going to get housing

Questions about eviction was the only question that respondents wish the VI-SPDAT did not ask.

Homeless service providers offered a different perspective on the VI-SPDAT from their perspective as administers of the tool. Among providers who administered the tool, 85% received trauma-informed training; 62% received bias awareness training; 54% training in motivational interviewing, and 46% (less than half) cultural humility. The majority of providers (69%) also responded that they do not apply the VI-SPDAT for any other purpose than prioritizing clients for housing resources and thus did not find it as an effective tool to better understand their clients' case management goals and needs. One provider commented that the VI-SPDAT is "a waste of paper" and another commented "I wish the VI-SPDAT was not needed." Responses were more positive by the third of providers who stated that they utilize the VI-SPDAT for additional reasons beyond housing eligibility including using it for assistance to better understand their clients' goals.

Collectively, questions that providers wished the VI-SPDAT asked include:

- Did you experience homelessness under the age of 18?
- What is an example of how you survived trauma in your past?
- Do you feel optimistic about the future?
- More details on income sources and assets
- Gender expression
- Supports and connections

Question that providers wished the VI-SPDAT did not ask include:

- Sexual activity questions
- Interaction with emergency services

#### III. Prioritization

Your Way Home formally prioritizes the following criteria for its Rapid Re-Housing and Permanent Supportive Housing programs:

- Households that have been confirmed as homeless under one of the HUD definitions of homelessness,
- Households that are street homeless but who refuse emergency shelter due to untreated mental health or other good cause,
- Households receiving emergency hotel subsidy due to medical reasons,
- Households with an identified plan to move into permanent housing with limited financial assistance,
- Families with children aged 5 and under,
- Transitional aged youth,
- Veterans, especially those not eligible for services from the Department of Veterans Affairs, Supportive
   Services for Veterans, or who are unable to access VA services,
- Persons with severe service needs (i.e., high utilization of emergency rooms, jails, psychiatric facilities, behavioral health challenges, substance use disorders) verified by a match in the Homeless
   Management Information System (HMIS) or VI-SPDAT score,
- Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs,
- Homeless individuals and families with a disability with severe service needs,
- Homeless individuals and families with a disability coming from places not meant for human habitation;
- Homeless individuals and families with a disability coming from transitional housing.

Homeless service providers were asked how they prioritized a number of subpopulations to gain a better understanding of practice compared to policy and uncover potential areas of preference, local demand/unmet need, and bias. It should be noted that many of the providers may not be intentionally deviating away from Your Way Home prioritization criteria, however may be receiving targeted population funding to leverage their Your Way Home contracts.

Demographics responded to affirmatively and that received over 10% of responses from the providers are listed below:

- Domestic violence/human trafficking 25%
- No Prioritizations/YWH Prioritizations only 24%
- Pregnant and Parenting Youth 24%
- Immigrants 17%
- School Age Children 17%
- Older Adults 16%
- Organizational Referrals 16%
- Transition Aged Youth 15%
- Race/Ethnicity 13%
- LGBTQ+ 11%

It should also be noted that during the course of its inquiry, Just Strategies, LLC facilitated a conversation with community stakeholders to assess support for staff's recommendation to prioritize Black families for new federal emergency housing vouchers. Although this demographic is over-represented in the homeless response system, it did not come up during the various modes of inquiry.

#### IV. Referral

The central purpose of the coordinated entry system centers on the referral to resources to help people exit homelessness including interim housing, permanent housing, and supportive services. The following section outlines findings based on the experience of stakeholders engaged during this data collection process.

#### A. Interim Housing

The Your Way Home Homeless Response System has access to a limited number of beds compared to the demand for shelter beds over the course of a year. The Coordinated Entry System manages 56 year-round single adult shelter beds; 36 year-round family units (92 beds); and 86 additional beds open during inclement winter weather when Code Blue is mandated. A limited supply of motel vouchers are also available to the Access Street Outreach Team as an alternative to sleeping outside for families with children, pregnant women and persons with severe medical conditions.

Most of the interim housing sites are concentrated in just a few communities, many located in the poorest cities in the County without additional funding to accommodate increased demands for city services (i.e. police, fire, sanitation, parks and recreation). The concentration of sites in a limited number of jurisdictions also creates a barrier for equitable access to these resources as some people falling into homelessness must be uprooted from their home communities and known support systems. Finally, the current number of interim housing sites will soon decrease due to a planned closing of a major shelter as the site is being sold from the state back to a local city that plans to redevelop the parcel into market-rate housing. Many motels that expanded interim housing capacity during the pandemic are also transitioning back to full time hospitality sites for tourists and are not renewing leases with homeless service providers.

From a client perspective, focus group participants who experienced homelessness and spent some time in interim housing highlighted two areas for improvement: shelter rules and assistance in finding housing to exit homelessness. In the first instance, residents of the family shelter system shared concerns over strict shelter rules including curfew and parenting rules that they felt had a negative impact. One person had a job and shared her stress in having to take photos of when she clocked out of her job and screenshots of her route home so she would not be penalized if she arrived after curfew. She also shared the difficulty in then having the complete chores such as taking out the trash by flashlight since her only time available was after "lights-out." Interim housing residents on the single-adult side expressed frustration with the lack of assistance by shelter staff in helping them find available housing units that accepted Your Way Home rental subsidies. The average housing search time expressed by focus group participants was around four months.

The more permanent housing resources that become available may mitigate the demand for interim housing and should be pursued before making significant investments in interim housing.

#### B. Permanent Housing

Permanent housing is also a precious commodity within the Your Way Home Homeless Response System. While the program dedicated nearly half of its budget to providing direct support for permanent housing opportunities, there are very few affordable housing units available in the broader community. According to the 2020 Census, Montgomery County's rental vacancy rate is only 5.2% and the number of affordable rentals is even less. This creates a considerable barrier to permanent housing placements as the majority of Your Way Home housing opportunities are through a form of rental subsidy including rapid rehousing, housing choice vouchers, and a one-time increase of 109 Emergency Housing Vouchers, that rely on private market landlords to accept.

Single-adult focus group members shared spending as long as four months searching for an available unit and still not finding anything so have had to continue to extend their vouchers as they keep looking. They expressed a desire for a centralize landlord list or database of places that accepted Your Way Home subsidies to streamline their housing search process. Youth and single-adult focus group participants shared a desire of wanting more information on housing assistance programs to help pay for move-in costs and furniture. Most family focus group participants who had exited the family homeless system seemed to be pleased with their permanent housing search and placements and were particularly pleased that their children were able to stay in Montgomery County school district schools.

Providers also expressed concerns about the limited supply and increased competition over available units, as well as the quality of housing units that accepted Your Way Home rental subsidies. Many shared their dilemma in encouraging families to accept housing with subpar conditions including poor plumbing, pest infestation, and small units converted within a single-family home structure, while also wanting them to successfully exit the homeless system. Providers and survey respondents shared experiences of landlord discrimination faced by clients of color, families, immigrants, and clients with known history of homelessness. One stakeholder shared that incidents were not overt so hard to prove and take action against, but landlords relied on procedural criteria such as denying people with eviction histories, poor credit, and justice involvement that disproportionately impacts people of color to deny them housing opportunities.

A next step to strengthen this assessment would be to disaggregate housing related data by race to better understand who is receiving limited housing resources, how long is it taking to secure housing, housing retention rates, and eviction data by race and cause to increase understanding of racial disparities in the housing placement process of the homeless response system.

### C. Supportive Services

A limitation of this inquiry was a lack of understanding the County's Supportive Services Network and how referrals were made between the homeless services sector supporting sectors such as mental health, substance use, healthcare, and even workforce development. During the focus groups and one-on-one interviews, participants expressed a desire for connection to adjacent systems including mental health, substance use, and the school districts.

Stronger connection to adjacent supportive sectors may not only increase a more holistic approach to addressing client needs and increasing success in existing homelessness but may also increase resources that could be leveraged to strengthen the overall homeless response system.

### **C. System Capacity**

A few topics came up during the stakeholder engagement inquiry that were beyond the specific scope of the assessment of the coordinated entry system, however, may have significant impact on the functioning of the overall Your Way Home Homeless Response System. These findings are listed below.

### I. Staffing

Your Way Home providers have managed dedicated staff teams that have been working on the frontlines uninterrupted in the provision of services throughout the pandemic. They have carefully navigated and pivoted in response to not just the COVID public health pandemic, but the rising racial justice movement and the recent impact of Hurricane Ida, stepping in to fill a wide variety of roles from case management to property management.

At the same time, staff and agency leaders appear to be expressing an unprecedented level of burn-out. Some have left the homelessness sector to seek positions that were less demanding and offered a higher pay in other fields. Homeless sector providers expressed high staff vacancy levels and an inability to attract staff due to low wages compared to other sectors.

Staff burnout and pandemic fatigue, and the sector's low wages must be addressed to prevent future staff departures. Additionally, the delivery of quality homeless programs and services may soon be impacted by staff vacancies, particularly at a time when providers have expressed receiving clients with higher barriers and more complex needs.

#### II. Racial Equity

Your Way Home has codified its commitment to becoming anti-racist in its Strategic Goals for 2021 – 2025 under Goal 1:

- Advance racial equity.
- Conduct an annual Racial Equity Impact Assessment.
- Redesign the Coordinated Entry System to increase equitable access and assessment.
- Allocate equitable funding and services to organizations that are led by and serve people of color.
- Strive to eliminate disparities in housing and homeless service outcomes based on race and ethnicity.
- Ensure that Your Way Home policies, communications, and services are culturally responsive and racially just.

### C. System Capacity

Homeless service providers expressed concerns related to the operationalization of an anti-racist strategy within their respective organizations. Providers seemed to lack a shared language and understanding of racial equity definitions, and a common vision supporting racial equity strategies and defining collective change in outcomes. A few even admitted feeling 'burdened' in having to address racial equity in a moment of competing demands.

Providers who were part of coalitions outside of the homeless sector seemed to be more advanced on developing organizational racial equity plans than those just operating within the homeless sector alone. Others cited the Bucks-Mont Collaborative as a vital resource where they have accessed staff training and other ideas to raise awareness within their organizations.

Some providers had created diversity, equity, and inclusion committees composed of staff across all levels of hierarchy within organizations. However, they shared common stories of resistance among their boards which remain majority White and not interested in joining racial equity efforts. One provider even shared how a major regional funder denied points in the review of a grant submission for lack of diversity on the board and feeling that their hands were tied.

BIPOC led organizations expressed perceptions of inequity in funding between their organizations and those of their White counterparts, even on contracts where the same duties were performed. While BIPOC led organizations expressed a desire for all organizational leads to join together to meet with funders to request increased funding levels to meet the rise in demand for services, BIPOC led organizations shared that they did not receive the support and would often have to then negotiate individually. While funding disparities has been brought to the attention of several funders, organizations have not experienced any change in their funding allocation and continue to stretch operations to meet the needs of their communities.

Finally, providers acknowledged the lack of diversity among homeless services staff. Although African Americans make-up nearly 60% of the total homeless population, there are few Black-led organizations in the region and the number of Black staff at all levels of the organizations is uncertain. There is also a strong dearth of bilingual staff persons across all organizations except one, creating an unfair burden on it, while creating a barrier to services for a growing population of Spanish language speakers.

The foundation to develop a system-wide racial equity approach had been set, however more details, disaggregate data collection, and community visioning must be conducted to guide the service providers in one direction toward a shared vision and change in outcomes. This process should also be data-driven to help identify the specific pain-points within the system where people of color are faring less and to capture intersectional nuances such as race and LGBTQ+ identities.

### **C. System Capacity**

#### **III. Strengthen Cross-Sector Participation**

Across the various stakeholder engagement acts of inquiry, adjacent sector partners were referenced as providing key services for the provision of holistic services to help individuals end current episodes of homelessness. However, the participation of these stakeholders is not visible in the formal engagement opportunities where homelessness policies and strategies are being developed or where resources are leveraged and allocated. These sectors include healthcare, behavioral health services, cities, landlords, housing authorities, law enforcement, paramedics, workforce development, and school districts to name a few. Their absence creates an unfair burden on the County Department of Housing and Community Development and homeless service providers who only have access to a minimal number of resources, hampering momentum and collective strength and funding that could be cultivated by the greater Montgomery County community.

Furthermore, only 4% of cities within the county are contributing to the region's homeless response system. This means that 96% of cities do not appear to be participating in Your Way Home's efforts through the provision of land for short-term or permanent housing opportunities, contribution of funding for services including outreach teams or other homeless service access centers, or voice in coordinating new federal and state resources. The limited participation on the part of cities efforts to positively affirm fair access to affordable housing across the county and unfairly segregates affordable and homeless housing to lower-income higher density urban areas of the county.

Recent events including the COVID-19 Pandemic and Hurricane Ida have displaced lower-income Montgomery County residents and placed them at-risk of a downward spiral into the phenomena of homelessness. Demand for homeless services may soon far exceed available resources. Your Way Home is thus at a critical juncture as it navigates its way through the prioritization of and referral to limited resources. Your Way Home will not be able to meet this anticipated demand at its current capacity. To maintain credibility and trust, and to meet the needs of the County's vulnerable residents, the collaborative should consider an expansion of resources and partners across sectors by inviting in those currently not at the table to become a part of the conversation.

### IV. Recommendations and Resources

The cumulation of these rich qualitative findings affirm that extenuating circumstances including rising rents, financial impact of the COVID-19 pandemic, and forced displacement of low-income residents by Hurricane Ida have increased demand for affordable housing and homeless services that exceed the available resources offered by Your Way Home at its current level of capacity. When resources are strained, historically marginalized communities including immigrants and communities of color are often disproportionately impacted making efforts to address racial equity futile.

The recommendations listed below are therefore offered to Your Way Home as a guide to increase resources through an expansion of cross-sector partnerships, and initial steps to operationalize its strategic goal of developing an anti-racist approach to homeless services. In each section, available resources are provided as examples from communities across the country.

1) Modify the current CES assessment tool. The stakeholder feedback suggests a community desire to make the tool more functional in reflecting local conditions that contextualize the meaning of vulnerability among people experiencing homelessness in Montgomery County. This could include additional questions around mental health and substance use including desires for connection to services and/or barriers in accessing such services. It sould also include questions related to experiences of racial trauma such as negative interactions with local police and/or discrimination in employment or while seeking housing. Finally, questions around client desires/goals and existing support systems such as current employment and location of the school that children are attending to support pillars of stabilization while facing a housing crisis. The CES assessment tool could be presented to staff as a case management tool to inform the co-creation of a client-centered case management plan with the best option towards a pathway into housing that outlines clear expectations for the participant and what to expect from the supporting homeless provider. A client-guide could also be created for 211 Operators and Street Outreach Teams to share with clients so they better understand the process and areas of responsibility.

**Resources:** Focus Strategies, LLC, conducted a complementary in-depth report: *Strategies for Advancing Racial Equity in Coordinated Entry Systems*. This report makes more detailed recommendations on how Your Way Home can redesign its coordinated entry assessment tool.

2) Diversify access points into the Your Way Home Coordinated Entry System. Your Way Home may want to diversify the ways people experiencing homelessness can connect with the Coordinated Entry System in addition to the Access Street Outreach Teams and the 211 Call Center. The Focus Strategies study found that communities across the country have partnered with non-homeless services community-based organizations to mitigate service connection barriers including geography, language-access, cultural translations, and creation of safe spaces for racial and gender minorities. Other communities have incorporated Promotores/Community Health Workers to provide targeted outreach to high need, underrepresented communities and help people navigate processes to enroll into homeless services. Your Way Home has a strong partnership with one culturally-based community organization and may consider replicating this partnership with other community-based culturally responsive organizations spread out across the County who are trusted community partners to become access points to connect people to the Coordinated Entry System.

Resources: Midnight Stroll -

### IV. Recommendations and Resources (cont.)

3) Build capacity and level-set racial equity understating among all Your Way Home Providers. Staff are the backbone of the Your Way Home homeless response system. While staff across all organizations have demonstrated an incredible level of compassion and commitment before and during the recent COVID-19, racial uprisings, and Hurricane Ida crisis, not every organization appears to have operationalized Your Way Home's value proposition around racial equity and national standards of care including low-barrier services, harm reduction, cultural humility, and trauma-informed care across all levels of organizational board and staff structures. It is strongly recommended that Your Way Home take a leadership role in establishing quantifiable data-driven racial equity system-level goals; host annual staff trainings to ensure consistency and development of shared language and meaning in core topics that support its anti-racist trauma-informed value proposition; review the current pay structure and make adjustments to attract and retain staff; and create authentic pathways to expand workforce and leadership opportunities for people of color in the sector, including bilingual/bicultural staff and persons with lived expertise.

Resources: https://www.sipla.org/racial-equity-in-homelessness-initiative; https://www.racialequityalliance.org/

4) Increase safe, affordable housing opportunities for all homeless populations. Access to permanent housing was a repetitive theme expressed by all stakeholders engaged in the data collection process. Your Way Home is an active participant of the Homes For All initiative and should continue advancing the recommendations presented by that effort. Some additional interim steps include consideration of a landlord engagement program to educate landlords about Your Way Home rental subsidies, offer incentives to increase landlord participation such as assistance with security deposits, furniture, and even rental unit holding costs to secure units awaiting housing inspections.

Landlord engagement programs should include collaboration with local housing authorities, Veteran, and other special needs voucher programs to reduce competition and streamline processes and incentives across programs. They should also engage local cities. Initiatives can also be subcontracted out to community-based organizations who could also provide a single-point-of-contact for any landlord-tenant concerns and help mitigate conflicts to maintain positive relationships with the landlord community. Some communities have also engaged philanthropy and business communities to raise private funds to support these programs.

Resources: PATH Lease-Up https://leaseupla.org/; Brilliant Corners https://brilliantcorners.org/housing-services/

**5) Coordinate with adjacent continuum of cares.** Focus group participants shared experiences of traveling across county lines as part of their journeys to secure interim housing and services. Several spoke of "losing spots" on the local waitlist and having to start all over. Other persons experiencing homelessness may travel across county borders without knowing. It may help streamline client connections and reduce duplication of services through creating data-sharing agreements and formal referral processes with the adjacent CoCs.

Resources: North Dakota CoC Regional Data Sharing Agreement

https://homelesstohoused-com.webs.com/CARES%20Data%20Sharing%20Agreement%20-%20APPROVED%20v2.2%20081914.pdf

### IV. Recommendations and Resources (cont.)

6) Expand partnerships with regional public and private-sector entities. Your Way Home has strongly advanced homeless services in Montgomery County since its founding and has set a strong, comprehensive foundational homeless response system. At this time however, the demand and rising complexities of people now experiencing homelessness or at imminent risk of homelessness are beyond the capacity of current partners and require additional support to join forces. There are many potential organic partners operating on the fringe of Your Way Home in adjacent systems who could be invited into the fold such as local first responders (law enforcement and paramedics), school districts, mental health, substance use, and healthcare providers. Each of these partners could bring key resources such as data, staffing, funding, and thought partnership. Additional partners that could be cultivated over time include local housing authorities, chambers of commerce, faith-based organizations, universities and community colleges, and civic organizations such as the local Rotary Club.

#### Resources: National Alliance to End Homelessness-

https://endhomelessness.org/wp-content/uploads/2021/01/01-27-2021\_Strengthening-Partnerships\_FINAL.pdf; CSH Housing and Health Initiative - https://www.csh.org/health/; City of Long Beach Fire Department - Homelessness Education and Response Team

https://www.hasc.org/sites/main/files/file-attachments/rexwinkel 2019.pdf?1557428815

7) Widen political support through strategic outreach to cities and adjacent counties. Homelessness is a rising national phenomenon exacerbated by rising housing costs, job loss, stagnant wages, the opioid crisis, climate change (i.e., displacement by Hurricane Ida), racism and other socio-economic factors. Almost no city or unincorporated jurisdiction is immune from the impact of homelessness including its drain on municipal resources and dampening of overall quality of life. No one municipality nor public department can address homelessness alone. Instead, a cross-sector of jurisdictions must come together such as those who have come together around regional transportation and workforce development planning efforts.

In Montgomery County, only 4% of jurisdictions host homeless services. These communities also have some of the highest rates of poverty in the county. Now is a great window to engage the inactive 96% of other townships as new federal resources including the Cares Act, American Rescue Plan and recently passed infrastructure funding may incentivize local jurisdictions to now enter the regional dialogue on homelessness hosted by Your Way Home. These other jurisdictions may be able to contribute real and in-kind resources to help scale up local solutions to meet current demand and perhaps mitigate a deepening crisis. Organizations such as the National League of Cities, United Way, and Funders Together are examples of community partners that can act as brokers to help the Your Way Home team facilitate these conversations.

Resources: Tri-Cities Homeless Policy Group -

https://www.englewoodco.gov/our-city/community/englewood-homelessness-initiative; San Gabriel Council of Governments Homelessness Committee - https://www.sqvcoq.org/homelessness

### V. Appendices

APPENDIX A: GENERAL INTERVIEW/FOCUS GROUP QUESTIONS

APPENDIX B: **ECOLOGICAL SWOT ANALYSIS** 

APPENDIX C: GLOSSARY OF KEY TERMS & DEFINITIONS

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